

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

107530198

FILING DATE

APPLICANT(S)

5-306

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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TOTAL DEP.	2	↓	2	↓		↓
TOTAL DEP.	11	←	11	←		←
TOTAL CLAIMS	13	⊗	13	⊗		⊗

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⊗		⊗		⊗